Creating Healthy Work Environments 2019

Application of the Coping With Labor Toolkit to Assist Laboring Women

Kasey Chance, DNP, FNP-C
Carrie Lee Gardner, PhD, MSN, RN, APRN-BC, FNP-BC
Stacey J. Jones, DNP, FNP-BC
School of Nursing, Troy University, Troy, AL, USA

The Association of Women's Health, Obstetric, and Neonatal Nurses (AWHONN) (2013) set a goal for 100% of women to obtain continuous labor support to meet the physical and emotional needs of the laboring woman. Women who are given continuous labor support are more inclined to achieve a spontaneous vaginal birth without analgesia, dissatisfaction, or instrumental birthing methods. Despite the need for labor support, intrapartum (IP) nurses may see labor support as an exception instead of routine care due to their multiple responsibilities, their beliefs, or due to a lack of education about labor support (AWHONN, 2013; Yost et al., 2015). The purpose of this study was to determine if using the Coping with Labor Toolkit and Coping with Labor Algorithm would impact the perceived frequency of labor support interventions provided by IP nurses.

The Coping with Labor Toolkit was created by the author to provide education and assist IP nurses in implementing the Coping with Labor Algorithm created by Roberts, Gulliver, Fisher, and Cloyes (2010). The Coping with Labor Toolkit provides participants with information about how to use the Coping with Labor Algorithm, educates participants about labor support interventions that are available to support laboring women, and outlines unit-specific policies in place for labor support interventions for the hospital in which the project was conducted. A convenience sample of 23 IP nurses was used for the pre-intervention survey which included the Labor Support Scale (LSS) and the IP Nurse’s Beliefs Related to Birth Practice Scale (IPNBBPS). The participants were then given the Coping with Labor Toolkit and provided with one-on-one education about the toolkit and the Coping with Labor Algorithm. Following implementation, 13 IP nurses completed the post-intervention survey which included the LSS and the IPNBBPS. Positive changes were found in the perceived frequency of labor support that IP nurses provided.

The Coping with Labor Algorithm and the Coping with Labor Toolkit can be used on any IP unit to provide IP nurses with the necessary resources to promote coping among laboring women. Additional training and use of these tools can further assist IP nurses in helping laboring women to cope with labor, improving the frequency of labor support provided, changing the IP nurses’ beliefs, and potentially improving patient outcomes and patient satisfaction of labor and birth experiences.

Title:
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References:


Abstract Summary:
The Coping with Labor Toolkit was created to assist intrapartum nurses in applying the Coping with Labor Algorithm. Participants will receive an overview of the Coping with Labor Toolkit and other information about various methods of providing labor support within their practice setting.

Content Outline:

1. Introduction/ Overview of Labor Support
   1. Labor support
      1. Emotional and physical nursing interventions provided to support the laboring woman to enhance her comfort, confidence, and sense of being cared for and safe (AWHONN, 2013)
2. A practice that should continuously be provided to patients during the labor and delivery process (Burke, 2013).

3. Critical for intrapartum (IP) registered nurses (RN) to provide labor support to improve birth outcomes (AWHONN, 2013).

2. Goal of AWHONN (2013) to have 100% of women receiving continuous labor support intervention

1. Continuous labor support has several benefits for the patient with no harmful effects and should be provided from a nurse to improve birth outcomes (AWHONN, 2013).

2. Nurses may see labor support as an exception instead of routine care due to caring for multiple patients, time constraints, and other shift duties (Barrett & Stark, 2010).

3. Labor support provided by a nurse

1. Results in higher levels of patient satisfaction and feelings of reassurance compared to intermittent support. Labor support must also be tailored to every woman in labor so that individual needs and preferences will be met (Levine & Lowe, 2015; McDonald, 2011).

2. Nurses who learn the simplest of labor support behaviors and provide those consistently with every labor will generally provide the support every woman desires during her childbirth experience (Ross-Davie & Cheyne, 2014).

2. Body

1. Overview of Coping with Labor Toolkit


   1. Created to assist with pain care for laboring women.

   2. Algorithm consists of two pathways: coping and not coping.

   1. Coping- patient requires no further interventions
   2. Not Coping- proceed to follow the not coping section of the algorithm depending on the patient’s desires

2. Physiologic/Natural Process of Labor

1. Pharmacological Interventions- Intended to relieve the pain of labor (Fentanyl, Epidural, & IV pain medications)

2. Nonpharmacological interventions: Labor support interventions that were available for nurses to provide to laboring women at specific hospital where the project was conducted. (Hydrotherapy, Hot/cold packs, Massage, Movement, ambulation, and position changes, Birthing Ball, Peanut Ball, Focus Points, & Breathing Techniques)

3. Physical Environment (Mood, Lighting, Music, Fragrance, TV/movie, Temperature, & Whispering voices)

4. Emotional/psychosocial (One-on-one support, Doula Support, & Midwifery Care)

2. Unit-specific policies in place for interventions to assist women with coping with labor

1. Policies in place for specific hospital where the project was conducted including use of a birthing ball, hydrotherapy, telemetry fetal monitoring, epidural, and fentanyl.

2. Study conducted using the Coping with Labor Toolkit and Coping with Labor Algorithm

1. Results:

   1. Labor Support Scale (LSS) used to assess changes in nurses perceived frequency of labor support interventions 57.1% of the variables were found to significantly change including
   1. Positioning laboring mothers in unusual or creative ways
2. Provide warmth for laboring mothers’ comfort
3. Have mothers in your facility take warm showers during active labor.
4. Go with laboring mothers to walk
5. Teach visitors how to help/praise laboring mothers
6. Intervene to prevent providers from performing interventions that laboring mothers don’t want
7. Work intensively with mothers who wish to avoid pain medications or epidural

2. There were also positive findings from the variables that did not change between pre-survey and post-survey samples
   1. In both the pre-and post-survey samples, over 90% of the participants stated that laboring women were frequently or always given advice about techniques to cope with labor, gave liquids to laboring women who were thirsty, and collaborated with other caregivers to make sure special requests were honored.
   2. 100% of the participants frequently or always asked laboring women if they had special preferences for their labor or birth.

3. Conclusion
   1. Coping with Labor Toolkit
      1. Guided labor support practice
      2. Increased the frequency of labor support previously being provided
      3. Increased the types of labor support interventions being used
      4. Placed an emphasis on continuous labor support
      5. Could positively impact the nurses’ beliefs regarding labor support
      6. Could lead to a more positive childbirth experience for patients
   2. The Coping with Labor Toolkit and the Coping with Labor Algorithm can be used on any IP unit to provide IP nurses with the necessary resources to promote coping among laboring women.

First Primary Presenting Author
Primary Presenting Author
Kasey Chance, DNP, FNP-C
 Troy University
School of Nursing
Assistant Professor
Troy AL
USA

Professional Experience: -Assistant Professor, Troy University, Troy, AL (August 2017-Present).
Provide nursing education to students within the BSN Program. -Registered Nurse, Southeast Alabama Medical Center, Dothan, AL (May 2015- Present). Provide daily nursing care and services to the antepartum, intrapartum, postpartum, and neonatal population. -Registered Nurse, Baptist South, Montgomery, AL (January 2013- May 2015). Provide daily nursing care and services to the pediatric population.

Author Summary: Kasey D. Chance, DNP, FNP-C received her Doctorate of Nursing Practice Degree from Troy University in May of 2017. She has more than five years of experience as a registered nurse, with three and half years of experience on a labor, delivery, recovery, and postpartum unit where she has mainly served as an intrapartum nurse. She is also an assistant professor for Troy University’s Bachelor of Nursing Program.

Second Author
Carrie Lee Gardner, PhD, MSN, RN, APRN-BC, FNP-BC
Troy University
School of Nursing
Assistant Professor
Troy AL
USA

Professional Experience:
During my nursing career I have worked in Medical Surgical Nursing, Otolaryngology/Head and Neck cancer, and Internal Medicine. Beginning Fall 2007, I began working at Troy University in the BSN Program. I was inducted into Sigma Theta Tau in 1997 in the Theta Delta Chapter at Auburn University. Presently I am active in the Iota Theta Chapter here at Troy University.

Author Summary:
Carrie Lee Gardner, DNP, FNP-BC is an Assistant Professor at Troy University and Program coordinator of the BSN program. She also practices as a family nurse practitioner.

Third Author
Stacey J. Jones, DNP, FNP-BC
Troy University
School of Nursing
Associate Professor
Troy AL
USA

Professional Experience:
1995-present: Registered Nurse
2001-present: Family Nurse Practitioner
2007-present: Nurse Educator in undergraduate and graduate programs
2016-17: Designed, conducted, and analyzed two research studies about transgender individuals

Author Summary:
Dr. Jones has been a nurse for over 22 years and a practicing family nurse practitioner for 16 years. Dr. Jones also has 10 years of experience as a nurse educator teaching in undergraduate and graduate nursing programs. Dr. Jones has published five manuscripts and has presented at national conferences. She is currently completing a case study on a transgender individual.